

L24000034281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

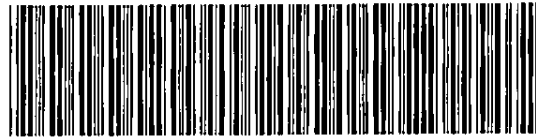
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
AUG 18 2025

Office Use Only



000451972090

RECEIVED
2025 AUG 15 AM 10:58
STATE
TALLAHASSEE, FLORIDA
2025 AUG 15 AM 9:37



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com
Ext: x61563
Date: 08/15/25
Order #: 4296446-14
Re: SPN 3 HOLDINGS, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00 - FL State Account Number: I200000000195

Please take the following action:

File on a routine basis

Issue proof of filing

Return evidence to the following:

ATTN: Shauna Godbolt

c/o Corporation Service Company

251 Little Falls Drive

Wilmington, DE 19808

A handwritten signature in black ink, appearing to read 'Shauna Godbolt', is written over a circular stamp that is partially obscured.

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

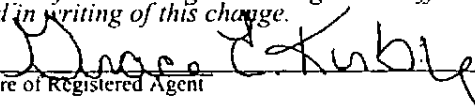
1. Name of the limited liability company: <u>SPN 3 HOLDINGS, LLC</u>	
2. (a) <u>506 WEST FLETCHER AVENUE</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>TAMPA, FL 33612</u>	(b) <u>506 WEST FLETCHER AVENUE</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>TAMPA, FL 33612</u>
3. <u>01/17/2024</u> Date of filing/registration in Florida	4. <u>L24000034281</u> Document number
5. (a) <u>CATALYST TAX & CONSULTING LLC</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>2200 CORPORATE BLVD NW 307</u> Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i> <u>BOCA RATON</u> , FL <u>33431</u>	
(b) <u>Enter name of NEW Registered Agent and/or NEW Registered Office address:</u> <u>Corporation Service Company</u> <u>NEW Registered Office Address:</u> <u>1201 Hays Street</u> <u>Tallahassee</u> , FL <u>32301</u>	

2025 JUL 15 PM 9:37

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

<u>/S/ Paul Tzatzimakis</u> Signature of a member or authorized representative of a member	<u>Paul Tzatzimakis, AUTHORIZED PERSON</u> Printed or typed name of signer
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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent